

**Application for License to
Operate a Long-term Care Facility**

For Office Use Only
Received 12/28/0
Amount 2025.00

Trilogy Fsc Investors, LLC
#16764

I. IDENTIFICATION

Name Franciscan Healthcare Center

Address 3625 Fern Valley Road

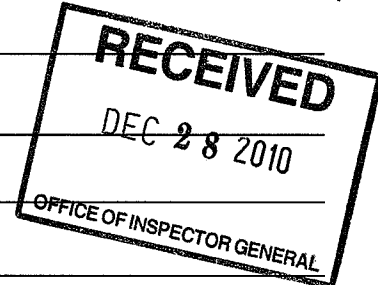
City/County/Zip Louisville, KY 40219

Telephone number (502) 964-3381

Administrator Renay Adkins

Date facility operation began at current address N/A

Date facility began operation under current owner 03/01/09



II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	<u> </u>	<u> </u>
Nursing Home	<u> </u>	<u> </u>
Nursing Facility	<u>135</u>	<u>135</u>
Intermediate Care	<u> </u>	<u> </u>
ICF/MR	<u> </u>	<u> </u>
Personal Care	<u> </u>	<u> </u>

II. CONTROL (check one in each column)

State	<input type="checkbox"/> Profit	Individual
County	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Partnership
City		<input type="checkbox"/> Corporation
<input type="checkbox"/> Private		

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Trilogy Healthcare of Jefferson, LLC.

1650 Lyndon Farm Court, Suite 201

Louisville, KY 40223

If facility owned or leased by a corporation, complete the following:

Name of corporation Trilogy Healthcare of Jefferson, LLC

Address of corporation 1650 Lyndon Farm Court, Suite 201

President or Chairman Randall J. Bufford

Vice President Steven Van Camp

Secretary _____

Treasurer Leigh Ann Barney

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

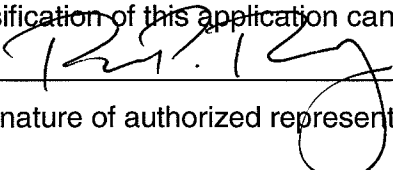
If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

<u></u>	<u>SNR-FINANCE</u>	<u>12/21/2010</u>
Signature of authorized representative	Title	Date

Return Application and fee to:

Office of Inspector General
275 East Main Street, 5E-A
Frankfort, Kentucky 40621

OIG 5

(10/2002)

Trilogy FSC Investors, LLC			
Franciscan Health Care Center			
Name	Title	Address	Telephone
Trilogy FSC Investors, LLC	Owner		
Trilogy FSC Investors Officers			
Name	Title	Address	Telephone
Leigh Ann Barney	SVP-Ancillary Services		
Randall J. Bufford	President		
Philip Caldwell	EVP-Operations		
Paul P. Plevyak	SVP-Finance		
Steven Van Camp	Chief Financial Officer		
Leo T. Whitt	SVP - Business Development		
Trilogy Health Services Directors			
Name	Title	Address	
Denis Brosnan	Director		
Mike Parsons	Director		
Eddie Irwin	Director		
Keith Crockett	Director		
Randall J. Bufford	Director		
Philip Caldwell	Director		
Steven Van Camp	Director		
J. Trent Anderson	Director		